HCFA-PM-95-4 (HSQB)

JUNE 1995

Attachment 4.35-A

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Mississippi

ELIGIBILITY CONDITIONS AND REQUIREMENTS

Enforcement of Compliance for Nursing Facilities

The State uses other factors described below to determine the seriousness of deficiencies in addition to those described at 42 CFR 488.404 (b) (1):

Not Applicable

TN No. 95-07 Supersedes TN No. 91-10 Approval Date: 10-24-95

Effective Date: <u>7-1-95</u>

HCFA-PM-95-4 (HSQB)

JUNE 1995

Attachment 4.35-B

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Mississippi

ELIGIBILITY CONDITIONS AND REQUIREMENTS

Enforcement of Compliance for Nursing Facilities

Termination of Provider Agreement: Describe the criteria (as required at Section 1919 (h) (2) (A)) for applying the remedy.

X Specified Remedy

(Will use the criteria and notice requirements specified in the regulation.)

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OMB No.: 0938-0193

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Mississippi

ALTERNATIVE REMEDIES TO SPECIFIED REMEDIES FOR SKILLED NURSING AND INTERMEDIATE CARE FACILITIES

Reduction of Payment. For each deficiency cited as a result of any official survey, the Division of Medicaid shall reduce the per diem payment to the facility by the following amounts:

- o For each deficiency that reflects substandard quality of care was provided to the residents, the amount of 5%, not to exceed a maximum of 15%, of the rate in effect at the time the remedy is imposed.
- o For each deficiency other than those that reflect substandard quality of care was provided to the residents, the amount of 2%, not to exceed a maximum of 10%, of the rate in effect at the time the remedy is imposed.

This remedy, when imposed, will begin on the first day of the month following the month in which the Division of Medicaid is notified in writing of the deficiency citation/s by the surveying entity or if the deficiency citation/s are appealed, the first day of the month following the month in which the citation/s were upheld. The remedy may continue for the same number of months, or parts thereof, as the deficiency/s remained uncorrected or the facility's provider agreement terminated, whichever comes first.

In determining the amount of reduction, the Division of Medicaid may consider the following:

- o The actual harm or potential harm that the deficiency/ deficiencies posed to the residents,
- o The facility's history of noncompliance with the requirements of participation, including repeat deficiencies,
- The facility's financial condition,
- The monetary gain of the facility by noncompliance,
- o The category of the noncompliant requirement/s,
- o The facility's efforts to attain compliance and remain in compliance,
- The cost of enforcement activities to the State,

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OMB No.: 0938-0193

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Mississippi

ALTERNATIVE REMEDIES TO SPECIFIED REMEDIES FOR SKILLED NURSING AND INTERMEDIATE CARE FACILITIES

o The effect of the penalty in getting immediate corrective action by the facility and its future deterrent potential.

In instituting this alternative, the Division of Medicaid believes this remedy to be as effective as the mandatory ones in deterring noncompliance and correcting deficiencies for the following reasons:

o This financial disincentive may be invoked faster than a civil money penalty.

o The remedy is fair since it will affect each facility relatively the same; the larger the facility, the greater the amount.

o The more damaging the deficiency on residents, the greater the amount of reduction.

The most effective deterrent available to the Division of Medicaid in the past has been a monetary penalty against noncomplying facility.

o Correcting deficient activities associated with resident recertifications in the past were immediately corrected by facility rate reductions on a per day basis.

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Attachment 4.35-C

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: <u>Mississippi</u>

ELIGIBILITY CONDITIONS AND REQUIREMENTS

Enforcement of Compliance for Nursing Facilities

Temporary Management: Describe the criteria (as required at Section 1919 (h) (2) (A)) for applying the remedy.

X Specified Remedy

_ Alternative Remedy

(Will use the criteria and notice requirements-specified-in-the-regulation.)

(Describe the criteria and demonstrate that the alternative remedy is as effective in deterring non-compliance. Notice requirements are as specified in the regulations.)

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Attachment 4.35-D

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Mississippi

ELIGIBILITY CONDITIONS AND REQUIREMENTS

Enforcement of Compliance for Nursing Facilities

<u>Denial of Payment for New Admissions</u>: Describe the criteria (as required at Section 1919 (h) (2) (A)) for applying the remedy.

X Specified Remedy

___ Alternative Remedy

(Will use the criteria and notice requirements specified in the regulation.)

(Describe the criteria and demonstrate that the alternative remedy is as effective in deterring non-compliance. Notice requirements are as specified in the regulations.)

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Attachment 4.35-E

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: <u>Mississippi</u>

ELIGIBILITY CONDITIONS AND REQUIREMENTS

Enforcement of Compliance for Nursing Facilities

<u>Civil Money Penalty</u>: Describe the criteria (as required at Section 1919 (h) (2) (A)) for applying the remedy.

X Specified Remedy

_ Alternative Remedy

(Will use the criteria and notice requirements specified in the regulation.)

(Describe the criteria and demonstrate that the alternative remedy is as effective in deterring non-compliance. Notice requirements are as specified in the regulations.)

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Attachment 4.35-F

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: <u>Mississippi</u>

ELIGIBILITY CONDITIONS AND REQUIREMENTS

Enforcement of Compliance for Nursing Facilities

State Monitoring: Describe the criteria (as required at Section 1919 (h) (2) (A)) for applying the remedy.

X Specified Remedy

_ Alternative Remedy

(Will use the criteria and notice requirements-specified-in-the-regulation.)

(Describe the criteria and demonstrate that the alternative remedy is as effective in deterring non-compliance. Notice requirements are as specified in the regulations.)

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Attachment 4.35-G

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: <u>Mississippi</u>

ELIGIBILITY CONDITIONS AND REQUIREMENTS

Enforcement of Compliance for Nursing Facilities

<u>Transfer of residents; Transfer of residents with closure of facility</u>: Describe the criteria (as required at Section 1919 (h) (2) (A)) for applying the remedy.

X Specified Remedy

__ Alternative Remedy

(Will use the criteria and notice requirements specified in the regulation.)

(Describe the criteria and demonstrate that the alternative remedy is as effective in deterring non-compliance. Notice requirements are as specified in the regulations.)

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Attachment 4.35-H

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Mississippi

ELIGIBILITY CONDITIONS AND REQUIREMENTS

Enforcement of Compliance for Nursing Facilities

Additional Remedies: Describe the criteria (as required at Section 1919 (h) (2) (A)) for applying the additional remedy. Include the enforcement category in which the remedy will be imposed (i.e., category 1, category 2, or category 3 as described at 42 CFR 488.408).

Ban on Admissions - A ban on all admissions will be imposed for facilities with substandard quality of care. This remedy will be categorized as a Category 2 remedy.

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